

**STATE OF MICHIGAN**

**SCHOOL AND COMMUNITY PARTICIPATION LEAVE REQUEST FORM**

School and Community Participation Leave is not to exceed 8 hours in a fiscal year. Request for time off is consistent with the procedures for requesting annual leave. For eligibility and other information, refer to your applicable collective bargaining provisions or Department of Civil Service Regulation 5.09, Section C., for non-exclusively represented employees.

EMPLOYEE NAME	EMPLOYEE ID NUMBER	SCHOOL DISTRICT NAME (where applicable) OR COMMUNITY ACTIVITY SPONSOR	
JOB CODE AND LEVEL	SCHOOL NAME AND ADDRESS OR COMMUNITY EVENT NAME AND LOCATION		
DEPARTMENT/AGENCY & DIVISION	SCHOOL STAFF OR COMMUNITY EVENT REPRESENTATIVE NAME AND TITLE		
NUMBER OF HOURS REQUESTED	HOURS USED SINCE LAST 10/1 (Including this Request)	DATE & TIME OF LEAVE	
DESCRIBE YOUR PROPOSED VOLUNTEER SERVICES.			
EMPLOYEE SIGNATURE		DATE	
SUPERVISOR'S ACTION <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> REQUEST IS APPROVED</div><div><input type="checkbox"/> REQUEST IS DENIED FOR THE FOLLOWING REASON (S):</div></div>			
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE TKU	

**Distribution: Personnel Office, Supervisor, and Employee**